

Face Sheet

1. Applicant Museum

2. Museum's Mailing Address

3. City

4. State

5. Zip Code

6. Museum Director

7. Business Phone of Museum Director

8. Name of Project Contact Person

9. Business Phone of Project Contact Person

10. FAX Number of Museum

11. e-mail address of Project Contact Person

Institutional Web Address

12. Name and address of sponsoring institution/parent organization, if applicable (e.g., municipality, state, or university)

☐ check if this entity will manage funds if an award is made.

13. Governing control of museum

(turn page for selections)

☐ *

* if 6, please specify

14. Museum's discipline

(turn page for selections)

☐ ☐ *

* if 13, please specify

15. Type of project (turn page for selections)

☐ ☐

16. Collections Category (turn page for selections)

☐ ☐

17. Types of materials involved in project (turn page for selections)

☐ ☐
☐ ☐
☐ ☐
☐ ☐

18. Is the museum college or university controlled? (Check One)

☐ Yes

☐ No

19. Museum's **non-Federal** operating income for the most recently completed fiscal year
[copy figure from Form A Front, line 25, (page 8.5)]

____ (year)

\$ ____ .00

20. Grant Period

(Starting Date)

____ / ____ / ____

____ / ____ / ____

(Ending Date)

(Fiscal Year 2001— Starting Dates for October 15, 2000 deadline must fall between May 1, 2001 and September 30, 2001)

21. In addition to CP are you requesting additional funds for education activities? (Check One)

☐ Yes

☐ No

22. GRANT AMOUNT REQUESTED \$ ____ .00
do not include education funds here

23. Amount of Matching Funds \$ ____ .00

24. AMOUNT OF EDUCATION FUNDS REQUESTED (*not to exceed \$10,000*)

\$ ____ .00

25. Key Project Consultants

(Attach sheet if more space needed)

26. Key Project Staff

(Attach sheet if more space needed)

27. In the space below, summarize the project activities. (include education component if applicable)

THIS IS REQUIRED INFORMATION

28. Certification:

Signature of Authorizing Official

Date

SELECTIONS FOR FACE SHEET ITEMS 13, 14, 15, 16, AND 17

13. GOVERNING CONTROL OF MUSEUM

- | | | |
|--------------|----------------------|-----------------------|
| 1. State | 3. County | 5. Private Non-profit |
| 2. Municipal | 4. Tribal Government | 6. Other |

14. MUSEUM'S DISCIPLINE

- | | | |
|----------------------|----------------------------------|------------------------|
| 01. Aquarium | 05. General* | 09. Nature Center |
| 02. Arboretum | 06. Historic House/Site | 10. Planetarium |
| 03. Art | 07. History | 11. Science/Technology |
| 04. Children's/Youth | 08. Natural History/Anthropology | 12. Zoo |
| | | 13. Specialized** |

15. TYPE OF PROJECT

- | | | |
|-----------------------|--------------|-------------------------|
| 1. Survey | 2. Training | 5. Environmental |
| a. General | 3. Research | Improvements |
| b. Detailed Condition | 4. Treatment | 6. Exceptional Projects |
| c. Environmental | | |

16. COLLECTIONS CATEGORIES

- | | |
|--------------------|--------------------------------|
| NL Non-Living | NH Systematics/Natural History |
| AL Animals, Living | PL Plants, Living |

17. TYPES OF MATERIALS

(Select up to four types that will be most affected by this project; begin with predominant type.)

- | | | |
|--|--|---|
| 01. aeronautics, space/airplanes | 13. historic sites | 25. photography, negatives |
| 02. animals, live | 14. horological (clocks) | 26. photography, prints |
| 03. animals, preserved | 15. landscape features, constructed | 27. physical science objects |
| 04. anthropologic, ethnographic | 16. machinery | 28. plants, live |
| 05. archaeological | 17. maritime, historic ships | 29. plants, preserved |
| 06. books | 18. medical, dental, health, pharmacological | 30. sculpture, indoor |
| 07. ceramics, glass, metals, plastics | 19. medals | 31. sculpture, outdoor |
| 08. documents, manuscripts | 20. military, including weapons | 32. textiles and costumes |
| 09. motion picture, audiovisual | 21. numismatics (money) | 33. tools |
| 10. furniture/wooden objects | 22. musical instruments | 34. toys and dolls |
| 11. geological, mineral, paleontological | 23. paintings | 35. transportation, excluding airplanes |
| 12. historic buildings | 24. philatelic (stamps) | 36. works of art on paper |

* A museum with collections representing two or more disciplines equally (eg. art and history)

** A museum with collections limited to one narrowly-defined discipline (eg. textiles, stamps, maritime, ethnic group)

Form A Front REVENUE

Name of Applicant _____

Most recently completed fiscal year _____ month/day _____ to month/day, _____ Year _____

READ INSTRUCTIONS IN PART 3 BEFORE PROCEEDING

	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL
PROGRAM REVENUES				
1. Admissions	_____	_____	_____	_____
2. Membership	_____	_____	_____	_____
3. Enrollment fees/education programs	_____	_____	_____	_____
4. Museum store (gross)	_____	_____	_____	_____
5. Food service (gross)	_____	_____	_____	_____
6. Publications, reproduction rights, royalties	_____	_____	_____	_____
7. Special events	_____	_____	_____	_____
8. Special exhibition fees	_____	_____	_____	_____
9. Investment income	_____	_____	_____	_____
10. Interest & dividends	_____	_____	_____	_____
11. Rental	_____	_____	_____	_____
12. Auxiliary activities specify _____	_____	_____	_____	_____
13. Miscellaneous/other _____	_____	_____	_____	_____
14. Total Program Revenues	_____	_____	_____	_____
OTHER SUPPORT				
15. Federal Grants (including IMLS/IMS)	_____	_____	_____	_____
16. Individual contributions	_____	_____	_____	_____
17. Foundation grants	_____	_____	_____	_____
18. Corporate grants	_____	_____	_____	_____
19. State support	_____	_____	_____	_____
20. Local support	_____	_____	_____	_____
21. Parent Organization support	_____	_____	_____	_____
22. Total Other Support	_____	_____	_____	_____
23. Total Program Revenues/ Other Support	_____	_____	_____	_____
24. Total Federal grants	_____	_____	_____	_____

25. TOTAL NON-FEDERAL PROGRAM REVENUES & SUPPORT _____
--

Explain on an additional sheet any deviations between the information entered on this form and the corresponding audited financial statements submitted with the application.

Form A Back EXPENSES

Name of Applicant _____

Most recently completed fiscal year _____ month/day _____ to month/day, _____ Year _____

READ INSTRUCTIONS IN PART 3 BEFORE PROCEEDING

	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL
PROGRAM EXPENSES				
26. Salaries and Wages	_____			
27. Benefits	_____			
28. Rent/Mortgage	_____			
29. Maintenance: Utilities	_____			
Janitorial	_____			
Buildings	_____			
Exhibitions	_____			
30. Insurance: Collections	_____			
Liability	_____			
31. Museum Store	_____			
32. Food Service	_____			
33. Contractual	_____			
specify _____	_____			
_____	_____			
34. Professional Development	_____			
35. Travel	_____			
36. Printing and Publication	_____			
37. Telephone/Communication	_____			
38. Postage	_____			
39. Fundraising/Development	_____			
40. Marketing	_____			
41. Supplies	_____			
42. Equipment	_____			
43. Other _____	_____			
_____	_____			
_____	_____			
44. Subtotal Expenses	_____			
45. Change in Net Assets	_____	_____	_____	_____
46. Transfers	_____	_____	_____	_____
47. NET ASSETS, BEGINNING OF YEAR	_____	_____	_____	_____
48. NET ASSETS, END OF YEAR	_____	_____	_____	_____

Form B Front REVENUE

Name of Applicant _____

Second most recently completed fiscal year month/day _____ to month/day, _____ Year _____

READ INSTRUCTIONS IN PART 3 BEFORE PROCEEDING

	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL
PROGRAM REVENUES				
1. Admissions	_____	_____	_____	_____
2. Membership	_____	_____	_____	_____
3. Enrollment fees/education programs	_____	_____	_____	_____
4. Museum store (gross)	_____	_____	_____	_____
5. Food service (gross)	_____	_____	_____	_____
6. Publications, reproduction rights, royalties	_____	_____	_____	_____
7. Special events	_____	_____	_____	_____
8. Special exhibition fees	_____	_____	_____	_____
9. Investment income	_____	_____	_____	_____
10. Interest & dividends	_____	_____	_____	_____
11. Rental	_____	_____	_____	_____
12. Auxiliary activities specify _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
13. Miscellaneous/other	_____	_____	_____	_____
_____	_____	_____	_____	_____
14. Total Program Revenues	_____	_____	_____	_____
OTHER SUPPORT				
15. Federal Grants (including IMLS/IMS)	_____	_____	_____	_____
16. Individual contributions	_____	_____	_____	_____
17. Foundation grants	_____	_____	_____	_____
18. Corporate grants	_____	_____	_____	_____
19. State support	_____	_____	_____	_____
20. Local support	_____	_____	_____	_____
21. Parent Organization support	_____	_____	_____	_____
22. Total Other Support	_____	_____	_____	_____
23. Total Program Revenues/ Other Support	_____	_____	_____	_____
24. Total Federal grants	_____	_____	_____	_____

25. TOTAL NON-FEDERAL PROGRAM REVENUES & SUPPORT _____
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Explain on an additional sheet any deviations between the information entered on this form and the corresponding audited financial statements submitted with the application.

Form B Back EXPENSES

Name of Applicant _____

Second most recently completed fiscal year month/day _____ to month/day, _____ Year _____

READ INSTRUCTIONS IN PART 3 BEFORE PROCEEDING

	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL
PROGRAM EXPENSES				
26. Salaries and Wages	_____			
27. Benefits	_____			
28. Rent/Mortgage	_____			
29. Maintenance: Utilities	_____			
Janitorial	_____			
Buildings	_____			
Exhibitions	_____			
30. Insurance: Collections	_____			
Liability	_____			
31. Museum Store	_____			
32. Food Service	_____			
33. Contractual	_____			
specify _____	_____			
_____	_____			
34. Professional Development	_____			
35. Travel	_____			
36. Printing and Publication	_____			
37. Telephone/Communication	_____			
38. Postage	_____			
39. Fundraising/Development	_____			
40. Marketing	_____			
41. Supplies	_____			
42. Equipment	_____			
43. Other _____	_____			
_____	_____			
_____	_____			
44. Subtotal Expenses	_____			
45. Change in Net Assets	_____	_____	_____	_____
46. Transfers	_____	_____	_____	_____
47. NET ASSETS, BEGINNING OF YEAR	_____	_____	_____	_____
48. NET ASSETS, END OF YEAR	_____	_____	_____	_____

Project Budget Form Front

SECTION 1: DETAILED BUDGET - CONSERVATION PROJECT SUPPORT

Name of Applicant _____

IMPORTANT! READ INSTRUCTIONS IN PART 4 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$ _____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$ _____	_____	_____

FRINGE BENEFITS

RATE	SALARY BASE	IMLS	MATCH	TOTAL
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
TOTAL FRINGE BENEFITS		\$ _____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR Hrs) ON PROJECT	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CONSULTATION FEES			\$ _____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE Costs	TRANSPORTATION Costs	IMLS	MATCH	TOTAL
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS				\$ _____	_____	_____

Project Budget Form Back

SECTION 1 - CONSERVATION PROJECT SUPPORT-CONTINUED

MATERIALS, SUPPLIES, AND EQUIPMENT

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF MATERIAL, SUPPLIES, & EQUIPMENT		\$		

SERVICES

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL SERVICES		\$		

OTHER

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF OTHER		\$		

TOTAL DIRECT PROJECT COSTS	\$		
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Project Budget Form Front

SECTION 2: DETAILED BUDGET - EDUCATION COMPONENT

Name of Applicant _____ (If Applicable)

IMPORTANT! READ INSTRUCTIONS IN PART 4 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$		

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$		

FRINGE BENEFITS

RATE	SALARY BASE	IMLS	MATCH	TOTAL
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
TOTAL FRINGE BENEFITS		\$		

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HRS) ON PROJECT	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CONSULTATION FEES			\$		

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	MATCH	TOTAL
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS				\$		

Project Budget Form Back

SECTION 2 - EDUCATION COMPONENT-CONTINUED

MATERIALS, SUPPLIES, AND EQUIPMENT

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF MATERIAL, SUPPLIES, & EQUIPMENTS		_____	_____	_____

SERVICES

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL SERVICES		\$ _____	_____	_____

OTHER

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF OTHER		\$ _____	_____	_____

TOTAL DIRECT PROJECT COSTS	\$ _____	_____	_____
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INDIRECT COSTS

Select either item A or B and complete C. (see page 4.6 for an explanation of indirect costs)

Applicant is using

■ A. an indirect cost rate which does not exceed 20% of direct costs

or

■ B. an indirect cost rate negotiated with a Federal agency

Note: Rate must be current at the time of application

Name of Federal Agency

Effective Date of Agreement

C. Rate	base(s)	Amount(s)	Amount(s)
_____	% of \$	_____	\$ _____
_____	% of \$	_____	\$ _____

TOTAL INDIRECT COSTS \$ _____

Note: This page is part of the budget forms and must be included, whether or not you can claim an indirect cost rate.

Project Budget Form

SECTION 3: SUMMARY BUDGET-CP AND EDUCATION COMPONENT

Name of Applicant _____

IMPORTANT! READ INSTRUCTIONS IN PART 4 BEFORE PROCEEDING.

DIRECT COSTS	IMLS	MATCH	TOTAL
SALARIES AND WAGES (PERMANENT STAFF)	_____	_____	_____
SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL: DOMESTIC	_____	_____	_____
FOREIGN	_____	_____	_____
SUPPLIES & MATERIALS	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____
INDIRECT COSTS *	\$ _____	\$ _____	\$ _____
* If you do not have a current Federally negotiated rate, your indirect costs must appear in the Match column only.			
TOTAL PROJECT COSTS			\$ _____
AMOUNT OF CASH—MATCH		\$ _____	
AMOUNT OF IN-KIND CONTRIBUTIONS—MATCH		\$ _____	
TOTAL AMOUNT OF MATCH (CASH AND IN-KIND CONTRIBUTIONS)			\$ _____
AMOUNT REQUESTED FROM IMLS			\$ _____
PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS (MAY NOT EXCEED 50%)			_____ %

Have you received or requested funds for any of these project activities from another Federal agency? (please check one) ☐ Yes ☐ No

If yes, name of agency _____
Amount requested \$ _____

Date _____

Statement of Purpose

1. Does the museum have a statement of purpose that has been formally approved by the museum's governing authority?

A.) ☐ Yes

If **yes**, fill in the following information:

Name of document in which statement appears

Date of approval

B) ☐ No

If **no**, call IMLS immediately at (202) 606-8539. You may not apply for a CP grant without a formally approved statement of purpose!

2. What is the museum's statement of purpose?

Application Checklist

Use the following checklist to make sure you have included all required materials and to let the reviewers know what you have included with your application. If you are submitting audited financial statements, check box A or B to indicate whether or not that information is required by IMLS.

- ☐ Face Sheet (front and back)
- ☐ Grant Processing Information Sheet
- ☐ Proof of Nonprofit Status
- ☐ Assurances/Certification of Authorizing Official
- ☐ Indirect Cost Rate Agreement
- ☐ Audited Financial Statements ☐ *Required* or ☐ *Optional*
- ☐ Request for Waiver of Separate Audit Requirement
- ☐ Request for Deferral of Audit Requirement
- ☐ Project Budget Forms ☐ *CP* ☐ *Education*
- ☐ Narrative(s) ☐ *CP* ☐ *Education*
- ☐ Schedule of Completion
- ☐ Supporting Documents (*as appropriate*)
 - Letters of Commitment
 - Resumes
 - Survey Reports
 - Long-Range Conservation Plan
 - Treatment Plans or Proposals
 - Equipment Specifications
 - Slides, Photographs, Video
 - Training Curricula
 - Brochure/Catalogue/Annual Report
 - Other _____
- ☐ Group Application Agreement Form
- ☐ Financial Statement Forms A & B

Grant Processing Information Sheet

FOR IMLS ONLY- DO NOT PHOTOCOPY

ALL IMLS CONSERVATION PROJECT SUPPORT APPLICANTS
MUST ANSWER THE FOLLOWING QUESTIONS.

Check the appropriate answer.

ELIGIBILITY REQUIREMENTS

1. Is the museum organized as a public or private nonprofit institution that exists on a permanent basis for essentially educational or aesthetic purposes?
☐ Yes ☐ No
2. Does the museum care for, and own or use tangible objects, whether animate or inanimate?
☐ Yes ☐ No
3. Are these objects exhibited to the public on a regular basis through facilities the museum owns or operates?
☐ Yes ☐ No
4. Is the museum open and exhibiting to the public at least 120 days a year?
☐ Yes ☐ No
5. Has the museum been open and providing museum services to the general public for two full years prior to the grant application deadline?
☐ Yes ☐ No
6. Does the museum have at least one full-time paid or unpaid staff member or the equivalent, whose primary duty is the care, acquisition, or exhibition to the public of objects owned or used by the museum?
☐ Yes ☐ No
7. Museum's estimated attendance for the 12-month period prior to application. _____
8. Total number of hours museum was open to the public for the 12-month period prior to application. _____
9. The year the museum was first open and exhibiting objects to the general public. _____
10. Number of full-time paid museum staff. _____
11. Number of part-time paid museum staff. _____
12. Number of full-time unpaid museum staff. _____
13. Number of part-time unpaid museum staff. _____

PRIOR IMLS (FORMERLY IMLS) AWARDS

HAS THE MUSEUM RECEIVED A :

- | | | |
|----------------------------|------------------------------|-----------------------------|
| GOS grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CP grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NLG grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SP* grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| MAP (I, II, or III) grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CAP grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| MLI* grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TAG* grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

RESUBMISSIONS

- ☐ Please check the box if this grant is a resubmission.

* Special Project Support Grants and Technical Assistance Grants are no longer available from IMLS. Museum Leadership Grants have been replaced by "Museums in the Community" and are a component of the National Leadership Grants for Museums.